PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

**Application or Docket Number** 

577150

					- , ,,	•							
Ŀ			AIMS AS FILED - PA (Column 1)			(Column 2)			SMALL ENTITY TYPE		OTHER THAN SMALL ENTITY		
FC	or 	NUMBI	NUMBER FILED			NUMBER EXTRA			FEE	]	RATE	FE	E
BA	SIC FEE	P							345.00	OR	ing of the season of the seaso	690	.00
TC	TAL CLAIMS	<u> </u>	minus 20=		. 1(			X\$ 9=		OR	X\$18=	500	J:
INE	DEPENDENT CL	AIMS 2	2 minus 3 =					X39=		OR	. X78=		
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=	260	ند
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	113		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY (			OTHER THAN SMALL ENTITY		
IENT A		CLAIMS REMAINING AFTER AMENDMENT		HI NI PRE PA	GHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	AD TIOI FE	NAL
AMENDMENT	Total	. 26	Minus	** ~	<u>30</u>	=		X\$ 9=		OR	X\$18=		
	Independent	· 2	Minus	***	<u> </u>			X39=		OR	X78=		
$\vdash$	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDE	:NI CLAIM			+130=		OR	+260=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)			lumn 2)	(Column 3)	·						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NI PRE	GHEST UMBER VIOUSLY ND FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADI TION FE	NAL
	Total	.21	Minus	(	26	=8		X\$ 9=		OR	X\$18=		
	Independent	NTATION OF M	Minus	PENDE	OT CLAIM	=65		X39=		OR	X78≃		
	111101111202				IN OLANIA			+130=		OR	+260=		
							Α	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		5
		(Column 1)			lumn 2)	(Column 3)						_	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NI PRE	GHEST JMBER VIOUSLY JD FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	ſ	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	ŀ	X39=		Ì	X78=		
Ĺ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDE	NT CLAIM		ŀ	700-		OR	770=		
	If the entry in colum	mn 1 is loss than t	ne entry in colu	ımn 2 w	rite "O" in co	lump 3		+130=		OR	+260=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											TOTAL ADDIT. FEE		
ı	The "Highest Nurr	ber Previously Pa	id For" (Total o	r Indene	endent) is the	highest number	r foru	nd in the ann	ronriate hox	in coli	ımn 1		